## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # 750663  1. Entity Name  CANAVERAL VILLAS CONDOMINIUM ASSOCIATION, INC.							Jan 29, 2004 08:00 AM Secretary of State				
Principal Place of Business Mailing Address						("					
374 JEFFERSON AVE CAPE CANAVERAL FL 32920 US				2700 S. CONRTENAY PKWY MERRITT ISLAND FL 32952 US			4 REDIN TOTAL	. SKAI SEIN BING DINER III BIRII EIKN	<b>1</b>   <b>1</b>  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IIIF DE CON	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt #, etc.				M	OORE CR2E03	7 (11/03)		
City & State			C	ily & State			4. FEI Number	9-2471115	·	plied For t Applicable	
Zip	Country		Zip		Cou	intry	5. Certificate of Status Desired Fee Requi		\$8.75 Add Fee Required		
6. Name and Address of Current F				ed Agent		Name	7. Name and Address of New Registered Agent				
HARTNETT, JOSEPH J 2700 COURTENAY PKWY MERRITTI ISLAND FL 32952				Street /		Street Addres	s (P.O. Box Number is	Not Acceptable)			
]						City		FL	Zip Code	•	
	e named entitions of regist		or the purp	pose of changing its	registere	ed office or regis	stered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ager	it and title if op	phcable. (NOT	E. Rogistered	Agent signature requ	irred when reinstaling)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Campaign Due By May 1, 2004 Trust Fund Contribu							\$5.00 May Be Added to Fees	Make Chec Florida Depar			
10.		OFFICERS AND D	RECTORS	3	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2700 S. CC	F, FLORENCE A DURTENAY PKWY SLAND, FL 00000		☐ Delete			01/	U00000019906 29/04-80043-01	□ Change 4 61.25	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2700 S. CO	T, JEFFREY T DURTENAY PKWY SLAND, FL 00000		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2700 S. CO	T, JOSEPH J DURTENAY PKWY SLAND, FL 00000		☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•	· I			☐ Change	☐ Addition	
indicated of the cor	d on this repor	rt or supplemental report	is true and cowered to	l accurate and that to execute this report	my signat Las requir	ure shall have th	ne same legal effect as	orida Statutes. I further ce if made under oath, that I nd that my name appears	am an officer in Block 10 or	or director	

FILED

Daytime Phone #